

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 16817289

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5		4				
6		4				
7		4				
8		4				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.		27				
TOTAL CLAIMS		28				

	IND	DEP	IND	DEP	IND	DEP
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